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Innovative Thinking

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Email: LonSafko@LonSafko.com

To: Jungwon Chang

Company: UPSTO

Fax: 15712738300

Work Voice:

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From: Lon Safko

Date: Mar 25, 2006

Time: 02:30 PM

Number of pages, including cover: 3

Notes:

THANK YOU!

Lon

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Mar 25, 2006, at 02:30:37 PM



Lon Safko



480.507.9901

Sat, Mar 25, 2006 2:30 PM

Subject: Amended Abstract Submittal

Date: Saturday, March 25, 2006 2:28 PM

From: Lon S. Safko <lonsafko@lonsafko.com>

To: Jungwon Chang <Jungwon.Chang@USPTO.gov>

Cc: 'LT Tang' <ltang@papermodelsinc.com>

Conversation: Amended Abstract Submittal

Hello Jungwon,

I have attached the signed "Revocation Of Power Of Attorney" as you requested. Please let me know what the next step is.

Thank you again very much!

Lon

The attachment below is the form to revoke the power of attorney. Please fill out the form and fax it to **571-273-8300**.

Jungwon Chang



Mar 25, 2006, at 02:30:38 PM

Lon Safko



480.507.9901

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PTO/SB/62 (04-07)
Approved for use through 10/31/2007 GPO: 2001-2025
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number 109/665,368
	Filing Date September 19, 2000
	First Named Inventor Lon S. Safko
	Art Unit 2154
	Examiner Name Jungwon Chang
	Attorney Docket Number 1173.001

I hereby revoke all previous powers of attorney given in the above-identified application.					
<input checked="" type="checkbox"/> A Power of Attorney is submitted herewith.					
OR					
<input type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: _____					
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:					
<input type="checkbox"/> The address associated with Customer Number: _____					
OR					
<input checked="" type="checkbox"/> Firm or Individual Name	Lon S. Safko				
Address	2036 East Catamaran Drive				
City	Gilbert	State	AZ	Zip	85234
Country	United States				
Telephone	480.507.9900	Email	LonSafko@LonSafko.com		
I am the:					
<input checked="" type="checkbox"/> Applicant/Inventor.					
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature					
Name	Lon S. Safko				
Date	March 25, 2000	Telephone	480.507.9900		
NOTE: Signatures of all inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required, see below.					
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